## Case 1:04-mc-10239-DPW

Document 5 Filed 09/28/2004 Page 1 of 1 PROCESS RECEIPT AND RETURN

U.S. Department of Justice United States Marshals Service

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

| PLAINTIFF  | COURT CASE NUMBER   |
|--|---|
| UNITED STATES OF AMERICA   | MBD 04-MC-10239-JG  |
| DEFENDANT  | TYPE OF PROCESS   |
| BOBBIE BAILEY  | ORDER TO SHOW CAUSE   |
| SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE O   | R DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN   |
| Bobbie Bailey  |   |
| ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)   |   |
| AT 12 Observatory Avenue, Haverhill, 1   | MA 01832  |
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:  | - Number of process to be   |
| The state of the s | I served with this Form - 285   |
| Patricia M. Connolly, AUSA U.S. Attorney's Office  | Number of parties to be   |
| 1 Courthouse Way - Suite 9200  | served in this case   |
| Boston, MA 02210   | Check for service   |
|  | on U.S.A.   |
| SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING   | G SERVICE (Include Business and Alternate Addresses, All  |
| Telephone Numbers, and Estimated Times Available For Service): Fold  | Fol   |
|  | 5   |
| Please serve on or before /0/15  | , 2004.   |
| 110000 00110 01 01 01 01   | <u>&gt;</u>   |
|  | <u> </u>  |
|  | 7   |
| Signature of Attorney or other Originator requesting service on behalf of:   | TELEPHONE NUMBER DATE   |
| Jaraica W. Crueny DEFENDAN   | _   |
|  | O NOT WRITE DELOW THIS LINE   |
| SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — D   |   |
| I acknowledge receipt for the total number of process indicated.  Total Process District of Origin  Total Process District to Serve to Serve   | orized USMS Deputy or Clerk Date  |
|  | Talanere 9/151  |
|  |   |
| I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have on the individual, company, corporation, etc., at the address shown above or on the individual, company  | executed as shown in "Remarks", the process described<br>any, corporation, etc., shown at the address inserted below. |
|  | <del></del>   |
| ☐ I hereby certify and return that I am unable to locate the individual, company, corporation,   |   |
| Name and title of individual served (if not shown above)   | A person of suitable age and discretion then residing in the defendant  |
|  | usual place of abode.   |
| Address (complete only iff different than showe)   | Date of Service Time  |
| Glannolat (aut 411)5   | X24/14 7/ \ P   |
| Jean Color Color   | Signature of U.S. Marshal of Deputy   |
| Sent SH  | Thewar.   |
| Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits  | Amount owed to U.S. Marshal or Amount of Refund   |
| (including endeavgrs)  |   |
| 7-10 5/5/  |   |
| REMARKS: Vacant Bldg/Being gutted etc. possible  | 6 Lancelot C+   |
| Vacari bix 9/DEING galled in madres 9  | 1 1 1 1 3 m   |
| y Vacant Blog Being gutted etc. possible address   | Galancelet Ct. Sakur, Mass.   |
| po occurrence vi.  | Sakur, Mass.  |